

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-size: 1.2em;">410539</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		1		1		
2		1		1			52		1		1		
3		1		1			53		1		1		
4		1		1			54		1		1		
5		1		1			55		1		1		
6		1		1			56		1		1		
7		1		1			57		1	1			
8		1		1			58		1		1		
9		1		1			59		1		1		
10		1		1			60		1		1		
11		1		1			61		1		1		
12		1		1			62		1		1		
13		1		1			63		1		1		
14		13		13			64		1		1		
15	1		1				65		1		1		
16		1		1			66		1		1		
17		1		1			67		1		1		
18		1		1			68		1		1		
19		1		1			69		1		1		
20		1		1			70	1		1			
21		1		1			71	1		1			
22		1		1			72		1		1		
23		1		1			73		1		1		
24		1		1			74		1		1		
25		1		1			75		2		2		
26		1		1			76	1		1		13	
27		1		1			77		13		13		
28		1		1			78		1		1		
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		13		13			82						
33		1		1			83						
34		1		1			84						
35		13		13			85						
36		13		13			86						
37		13		13			87						
38		13		13			88						
39	1		1				89						
40		1		1			90						
41		1		1			91						
42		1		1			92						
43		1		1			93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49		1		1			99						
50		1		1			100						
TOTAL IND.							TOTAL IND.	6		9			
TOTAL DEP.							TOTAL DEP.	157		135			
TOTAL CLAIMS							TOTAL CLAIMS	163		144			